

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION:	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	BAW	11	11/15/00
FORMALITY REVIEW	SS	JCSN	12-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	5/12/04
2	✓
3	0
4	✓
5	✓
6	✓
7	✓
8	✓
9	0
10	1
11	
12	
13	
14	
15	
16	✓
17	0
18	✓
19	0
20	✓
21	0
22	✓
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29	✓
30	0
31	✓
32	=
33	=
34	✓
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49	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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